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DEST AVAILABLE COP

19 975600

Application or Docket Number

Application or Docket Number
347 S9 - 9200

# PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

CLAIMS AS FILED - PART I ' (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			55				ſ	RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			55 minus 20=		• 35			X\$ 9=		OR	X\$18=	630		
IND	EPENDENT CL	AIMS	5 minus 3 =		1 2			X42=	'n	OR	X84=	168		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	<i>/</i> ·	OR	TOTAL			
CLAIMS AS AMENDED - PART II								•		•	OTHER			
_		(Column 1)			mn 2)	(Column 3)		SMALL		OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER HOUSLY FOR	PRESENT EXTRA	·	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 55	Minus	5	5	2		X\$ 9=		OR	X\$18=	·		
AME	Independent	. 5	Minus	*** 5	5	=		X42≈		OR	X84=			
	FIRST PRESE	NTATION OF M	OLTIPLE DEP	ENDEN		12		+140=		OR	+280=			
andl-filed 8/17/04 M.B.								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE			
	•	(Column 1)			ımn 2)	(Column 3)				-				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER YOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	- 27	Minus	5	55	=-		X\$ 9=		OR	X\$18=	-		
AME	Independent	10	Minus	***	5	-5	┧	X42=		OR	X84=	430.0		
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=			
								TOTAL ADDIT, FEE		OR	TOTAL	430.0		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU! PREV	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
N N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		=		X42=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1				
	If the entry in colu	ımn 1 is less than	the entry in colu	ımn 2, wr	ite "0" in co	olumn 3.		+140=		OR	+280=	-		
	If the "Highest No	imber Previously	Paid For IN THI	S SPACE	E is less tha	an 20, enter *20	0."	ADDIT. FEE	L	OR	ADDIT. FEE			
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

AUG 17 2004

# OFFICIAL

### CERTIFICATE OF TRANSMISSION PURSUANT TO 37 C.F.R. §1.6(d)

I hereby certify that this correspondence, along with accompanying documents, pursuant to 37 C.F.R.	\$1.6(d), are
being sent via facsimile to (703) 872-9306, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria	, VA 22313•
1450 on:	

Signature of person depositing Facsimile

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re application of: Rapisarda et al.

Docket No.:

34759.9200

Serial No.:

09/975,600

Group Art Unit: 3635

Filed:

October 11, 2001

Examiner:

Canfield

Title:

IMPROVED CLEAN ROOM FACILITY

Confirmation No.: 9929

AND CONSTRUCTION METHOD

#### RESPONSE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### Commissioner:

In response to the Office Action mailed February 17, 2004, the period of response for which is hereby extended to August 17, 2004, please consider the following timely-filed Amendment and Remarks.

Poted\PHDX\1554490.1

earliest convenience. The Examiner is invited to telephone the undersigned if such would advance prosecution of this Application in any way.

Dated this 17 day of Autor , 2004.

Daniel R. Pote

U.S. Reg. No. 43,011

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